Name in Full: Harriet Mary Albert

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Almshouse; County: Cecil

Date of death: Month: Mar; Day: 7; 1904

Age: Years: 82; Months; Days

Sex: Female

Color or Race: White

Birthplace: Cecil Co

Occupation: Laundress

Where Residing if not at place of death: at Almshouse

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving information: Mr Moody

How related to deceased: —

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia

How long: 10 days

Immediate: —

How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B Hunsberger

Address: North East

Accident or Suicide

LIBRARY BUREAU A&U516

Name in Full: Margaret Ella Atkinson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Near Port Deposit — (County): Cecil

Date of death 190 4 — Month: March — Day: 27 — Age: Years 0 — Months 0 — Days 3

Sex: Female — Color or Race: White — Birthplace: Near Port Deposit

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband: —

Father's Name: John F Atkinson — Father's Birthplace: Colord

Mother's Maiden Name: Annie C Woodrow — Mother's Birthplace: Hopewell

Name of person giving Information: Mr James Woodrow — How related to deceased: Grandfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Died at birth from — How long: —

Immediate: strangulation of Cord — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E Rowland

Address: Liberty Town

Accident or ~~Suicide~~?

PHYSICIAN OR CORONER

LIBRARY BUREAU A16516

Name in Full: Thos Henry Baby

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Port Deposit — County: Cecil

Date of death 190 4 — Month: March — Day: 7 — Age — Years: 1 — Months — Days: 13

Sex: Mail — Color or Race: Colord — Birthplace: Port Deposit

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband:

Father's Name: John Brown — Father's Birthplace: Pattaville

Mother's Maiden Name: Clara B Baby — Mother's Birthplace: Pattaville

Name of person giving Information: Mother — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Broncho Pneumonia — How long: Two Weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H.C. Donahoo Md.

Address: Port Deposit Md.

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: David Henry Baird

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Port Deposit — County: Cecil

Date of death 1904: Month: March — Day: 14 — Age: Years: 26 — Months: 1 — Days: 7

Sex: Mail — Color or Race: Colard — Birthplace: Wood Farm

Married, Single or Widowed: Married — Occupation: Labor

Name of Wife or Husband: Emma Frances Baird

Father's Name: John A Baird — Father's Birthplace: Cecil Co

Mother's Maiden Name: Mary J Heaward — Mother's Birthplace: Port Depo

Name of person giving In formation: Mother — How related to deceased: Mother

10

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: Two weeks

Immediate: Pneumonia — How long: 10 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. C. Donahoe M.D.

Address: Post Deposit

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Edward H. Barranger

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Near Elkton (County) Cecil

Date of death: Month: Mar; Day: 23; 1904; Age: Years: 65 ?; Months; Days

Sex: male; Color or Race: White; Birthplace: Balto. Md.?

Occupation: Butcher; Where Residing if not at place of death: 2003 North 33rd St. Philada Pa

Married, Single or Widowed: married; Name of Wife or Husband: Francis H. Barranger

Father's Name; Father's Birthplace: France

Mother's Maiden Name; Mother's Birthplace: France

Name of person giving Information: Wm McA. Mahringer; How related to deceased: son in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary; How long

Immediate: Heart - Failure; How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Wm D. Cawley

Address: Elkton

Accident or Suicide? Richards Nelson, Coroner md.

LIBRARY BUREAU A8816

Name in Full: James Bowen

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Port Deposit — (County): Cecil

Date of death 1904: Month: 3 — Day: 9 — Age: Years: 53 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Harford Co.

Married, Single or Widowed: Single — Occupation: Laborer

Name of Wife or Husband:

Father's Name: George Bowen — Father's Birthplace: Harford Co.

Mother's Maiden Name: — Mother's Birthplace: Harford Co.

Name of person giving information: William Chandler — How related to deceased: Cousin

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 1 year

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. E. Clemmons

Address: Port Deposit

Accident or Suicide?

LIBRARY BUREAU A69516

Name in Full: David C Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Richardson — County: Cecil

Date of death 190 4	Month	Day	Years	Months	Days
	March	9	Age 56		

Sex: Male — Color or Race: White — Birthplace: Lancaster Co Pa

Married, Single or Widowed: married — Occupation: Farmer

Name of Wife or Husband: Margeni Brown

Father's Name: Jacob Brown — Father's Birthplace: Lancaster Co Pa

Mother's Maiden Name: Catherine Moyer — Mother's Birthplace: Chester Co Pa

Name of person giving information: Margeni Brown — How related to deceased: wife

64

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: abscess — How long:

Immediate: apoplexy — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J B Price

Address: Rising Sun Md

Accident or Suicide?

LIBRARY BUREAU A25816

H m Kirk

Name in Full: Amy Burns

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Bayview — County: Cecil

Date of death 1904 — Month: March — Day: 24 — Age — Years: 37 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Cecil Co

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Harry Burns

Father's Name: William Rowland — Father's Birthplace: Cecil Co.

Mother's Maiden Name: Mary Mosheim — Mother's Birthplace: Cecil

Name of person giving information: [illegible] — How related to deceased

116.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pericarditis — How long: 24 hours

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [illegible]

Address: [illegible]

~~Accident or Suicide~~?

LIBRARY BUREAU A88518

Zagoumot

Name in Full: Infant Burns

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: [illegible] — County: Anne Arundel

Date of death 1904 — Month: Nov — Day: 24

Age — Years: 0 — Months: 0 — Days:

Sex: Male — Color or Race: White — Birthplace: Anne Arundel

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry Burns — Father's Birthplace:

Mother's Maiden Name: Amy Rowland — Mother's Birthplace:

Name of person giving information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy (Craniotomy) — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B K Cushing

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Katherine J Chandlee

CERTIFICATE OF DEATH

MARYLAND

Died ~~at~~ near: Town: Earlville — County: Cecil

Date of death 1904 — Month: 3 — Day: 18 — Age: Years 75 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Delaware

Occupation: Home wife — Where Residing if not at place of death: Near Earlville

Married, Single or Widowed: married — Name of Wife or Husband: E. G. Chandlee

Father's Name: Barrett Jackson — Father's Birthplace: Delaware

Mother's Maiden Name: Margaret Cambell — Mother's Birthplace: Delaware

Name of person giving Information: E. G. Chandlee — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: chronic Bronchitis — How long: 20 Years

Immediate: La Grippe — How long: Four Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E M Crawford M.D.

Address: Earlville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full Walter H. Cheadle

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: North East — County: Cecil County

Date of death 1904 — Month: March — Day: 20 — Years: Age 63 — Months: — Days: 5

Sex: Male — Color or Race: White — Birthplace: England

Occupation: Brickmaker — Where Residing if not at place of death: North East

Married, Single or Widowed: married — Name of Wife or Husband: Evelyn Cheadle

Father's Name: William H. Cheadle — Father's Birthplace: England

Mother's Maiden Name: Mary Hart — Mother's Birthplace: England

Name of person giving information: Fred. H. Cheadle — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Myelitis — How long: 2 yrs.

Immediate: Cardiac Paralysis — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Theo A Worrall

Address: North East Md.

Accident or Suicide?

LIBRARY BUREAU A43016

Name in Full: Samuel Ellsworth Devonshire

CERTIFICATE OF DEATH

MARYLAND

Died ~~or~~ Town: Near Calvert | County: Cecil

Date of death 1904 | Month: 3 | Day: 22 | Age — Years — Months — Days

Sex: Male | Color or Race: White | Birthplace: Near Calvert Md.

Occupation | Where Residing if not at place of death

~~Married~~, Single ~~or Widowed~~ | Name of Wife or Husband

Father's Name: Samuel Devonshire | Father's Birthplace: Lancaster Co. Pa.

Mother's Maiden Name: Cora Howell | Mother's Birthplace: Cherry Hill Md.

Name of person giving information: Samuel Devonshire | How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia bilat | 5 d | How long

Immediate | How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Richardson

Address: Colora Md

Accident or Suicide?

LIBRARY BUREAU A63B16

Name in Full: Susannah Dickinson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Chesapeake City — County: Cecil

Date of death: Month: Mar — Day: 10 — Year: 1904 — Age: Years: 62 — Months — Days

Sex: Female — Color or Race: White — Birthplace

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. D. Crowley

Address: Elkton Md.

Accident or Suicide?

LIBRARY BUREAU 488516

Name in Full: Melvina Downey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chesapeake City — County: Cecil

Date of death 190 — Month: 3 — Day: 14 — Age — Years: 86 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Red Lion Del

Married, Single or Widowed: Widow — Occupation: Housekeeper

Name of Wife or Husband: Edward Downey

Father's Name: Peter Fetters — Father's Birthplace: don't Know

Mother's Maiden Name: Rachel Deshong — Mother's Birthplace: don't Know

Name of person giving information: Clayton Downey — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Pneumonia — How long: two Weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm E Karsner

Address: Chesapeake City Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU Ae8318

Name in Full: Frances Hall

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Cecilton (County) Cecil

Date of death 1904 — Month: 3 — Day: 7 — Age — Years: 44 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Cecil Co

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Thomas Hall

Father's Name: Joseph Farmer — Father's Birthplace: Tennessee

Mother's Maiden Name: Sarah — — Mother's Birthplace: —

Name of person giving Information: Thomas Hall — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

43

CAUSES OF DEATH

Primary: Cancer of breast — How long: 4 yrs

Immediate — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R M Black

Address: Cecilton, Md

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: Frank G Hall — 6th Dis

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Rising Sun — Town — County: Cecil

Date of death	Month	Day	Years	Months	Days
1904	~~3~~ 3	16	Age 23	—	—

Sex: Male — Color or Race: White — Birthplace: Delaware Co., Pa

Occupation: Farmer — Where Residing if not at place of death: Near Rising Sun, Md

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: James Frank Hall Sr — Father's Birthplace: Ohio

Mother's Maiden Name: Annie Brack — Mother's Birthplace: England

Name of person giving Information: Josephine Hall — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Typhoid Fever	How long: 10 weeks
Immediate	Pneumonia, Exhaustion	How long: 2 weeks
Are the name, age, sex, color, date and place correctly given above?	Father's name James	Signature of Physician: Geo S. Dare M.D.
		Address: Rising Sun Md
Accident or Suicide?	No	

LIBRARY BUREAU A88316

Name in Full: Margaret Hamilton

6 Dist –

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Colora — County: Cecil

Date of death 190 4: Month: March — Day: 26 — Age: Years: 78 — Months: unknown — Days: unknown

Sex: Female. — Color or Race: white — Birthplace: unknown

Married, Single or Widowed: Single — Occupation: Housemaid

Name of Wife or Husband:

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Father's Name: unknown — Father's Birthplace: unknown

Mother's Maiden Name: ~~Margaret Hamilton~~ unknown — Mother's Birthplace: unknown

Name of person giving information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burning — How long:

Immediate: Shock — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. F. Brown M.D.

Address: Port Deposit. Md.

R.F.D. 1.

Accident or Suicide? Accident

LIBRARY BUREAU A88819

Name in Full: Melissa M Hunter 6th Dis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rising Sun; County: Cecil

Date of death 1904: Month: 3; Day: 12; Age: Years: 57; Months: 6; Days: 21

Sex: Female; Color or Race: White; Birthplace: Md

Married, ~~Single or Widowed~~: Occupation: Housewife

TO BE ANSWERED BY NEAREST FRIEND

Name of Wife or Husband: John Hunter

Father's Name: James Mattson 66; Father's Birthplace: Md

Mother's Maiden Name: Mary E Carroll; Mother's Birthplace: Md

Name of person giving information: Mary Hunter; How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis; How long: One week

Immediate: Paralysis Refracture Cause; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Jones

Address: Rising Sun Md.

Accident or Suicide?

LIBRARY BUREAU A69516

Name in Full: George W Irvin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bay View; County: Cecil

Date of death: Month: 3; Day: 27; 1904

Age: Years: 66; Months: 10; Days:

Sex: Male

Color or Race: white

Birthplace: Chesapeake City

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Mary A Irvin

Father's Name: Not Known

Father's Birthplace: Not Known

Mother's Maiden Name: Not Known

Mother's Birthplace: Not Known

Name of person giving information: John H. Irvin

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: La Grippe — How long: 2 weeks

Immediate: Heart Trouble — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D H Gifford

Address: Bay View Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A80516

Barry Wilson

Name in Full: Ebenezer D. Jenkins

6 dis.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Farmington — County: Ceci

Date of death 1904: Month: 3. Day: 2.

Age: Years: 66 Months: 7 Days: 23

Sex: Male

Color or Race: White

Birthplace: Rising Sun

Married, Single or Widowed: Married

Occupation: Carpenter

Name of Wife or Husband: Josephine Bordley.

Father's Name: William Jenkins

Father's Birthplace: Lancaster Co Pa

Mother's Maiden Name: Sarah Ann Robinson

Mother's Birthplace: Rising Sun

Name of person giving information: Mr Jenkins

How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Uremia — How long: 8 days

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. B. Sligh

Address: Rising Sun Md

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Mary Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elkton — County: Cecil

Date of death: 1904 — Month: March — Day: 21

Age: Years: 35 — Months: 10 — Days: 3

Sex: Female — Color or Race: Black — Birthplace: Maryland

Occupation: Housework — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Henry Jones — Father's Birthplace: Elkton Md.

Mother's Maiden Name: Mary Johnson — Mother's Birthplace: Elkton Md.

Name of person giving information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer — How long: 3 years

Immediate: Lock Jaw Inanition — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Holmes Smith Jr.

Address:

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Martha M Kay — 8th Dist

CERTIFICATE OF DEATH

MARYLAND

Died at: Bank — Town: [illegible] — County: Cecil

Date of death: Month: Mch — Day: 5th — Year: 1904 — Age: 85 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Farmer wife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Robt Kay

Father's Name: Biddle — Father's Birthplace: +

Mother's Maiden Name: [illegible] — Mother's Birthplace: +

Name of person giving Information: Robt Kay — How related to deceased: Husband

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 3 days

Immediate: Heart Failure — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Howard Bratton

Address: Elkton. Md

Accident or Suicide?

LIBRARY MUHAAU ABBS16

Name in Full: Martha H. Lewis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Elkton; County: Cecil

Date of death: Month: Mar; Day: 10; 1904

Age: Years: 62; Months: —; Days: 15

Sex: Female

Color or Race: White

Birthplace: Cecil Co

Occupation: house work

Where Residing if not at place of death: —

Married, Single or Widowed: widowed

Name of Wife or Husband: Charles E Lewis

Father's Name: Allen Maxwell

Father's Birthplace: —

Mother's Maiden Name: Amanda Hutton

Mother's Birthplace: —

Name of person giving information: Carrie L. Lewis

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Breast

How long: 2 1/2 years.

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm D. Crowley

Address: Elkton Md.

Accident or Suicide?

LIBRARY BUREAU A30516

Name in Full: Ella Linton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodlawn; County: Cecil

Date of death 1904: Month: 3; Day: 22; Age: Years: 47; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Cecil Co

Married, Single or Widowed: Single; Occupation: House Keeper

Name of Wife or Husband: —

Father's Name: John Linton; Father's Birthplace: Cecil Co

Mother's Maiden Name: Nancy Linton; Mother's Birthplace: " "

Name of person giving information: Hugh Burlin; How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption; How long: .5 yrs

Immediate: Exhaustion; How long: —"

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. F. Brown

Address: Port Deposit

Accident or Suicide?

LIBRARY BUREAU A89516

Ref

Name in Full: Henrietta Mahan

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Blythedale — County: Cecil

Date of death 1904 — Month: 3 — Day: 26 — Age — Years: 70 — Months: — Days: —

Sex: Female — Color or Race: White — Birth-place: Cecil Co

Married, Single or Widowed: Widow — Occupation: Housekeeping

Name of Wife or Husband: —

Father's Name: Jonathan Cunnis — Father's Birthplace: —

Mother's Maiden Name: Margaret McLaughlin — Mother's Birthplace: —

Name of person giving In formation: J W Cunnis — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral Hemorrhage — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. Mc Henry

Address: Perryville Cecil Co. Md.

Accident or Suicide?

LIBRARY BUREAU A8881G

Name In Full

Alice Estella Marsh

Certificate of Death

Died et Town: Warwick County: Cecil MARYLAND

Date 1904 Month: Nov Day: 14 | Age Y.: 46 M.: 0 D.: 0 | Native of: Md | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband Wife of E E Marsh

Father's Name Jacob Hays

Mother's Maiden Name Eliza J Townsend

Cause of Death: Primary Childbirth 136

Immediate Shock

How long sick 2 months

~~Accident, Suicide, Homicide~~

Reported by J J Wright MD

Address Warwick Md

Must be signed by physician, if any in attendence, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: M. Alice Maxwell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Conowingo; County: Cecil

Date of death 1904: Month: Mar; Day: 11; Age: Years: 43; Months: 6; Days: 2

Sex: Female; Color or Race: White; Birthplace: Baltimore Co.

Married, Single or Widowed: Single; Occupation: House Keeper

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm D Maxwell; Father's Birthplace: Harford Co Md

Mother's Maiden Name: Mary J McCurdy; Mother's Birthplace: Balto Md

Name of person giving Information: J. W. Maxwell; How related to deceased: Brother

CAUSES OF DEATH

Primary: Typhoid Fever; How long: 4 weeks

Immediate: Debility; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo W Gillespie M.D.

Address: Pleasant Grove Pa

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full William H. Moore

Certificate of Death

Died at Town Elkton County Cecil MARYLAND

Date 1904 Month 3 Day 7 | Age Y. 86 M. 2 D. 14 | Native of Md | Occupation Farmer

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ / ~~Widow~~ Widower / Divorced | Number of children living 7

Husband / Wife of Hannah Moore dec'd

Father's Name Joseph Moore Mother's Maiden Name Mercie Cutler

Cause of Death: Primary Indigestion & Neuralgia | How long sick 36 hours

Immediate Neuralgia & Insanity

~~Accident, Suicide, Homicide~~

Reported by Dr Geo S. Bayne

Address Rising Sun Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full: Luther Broadus Norman — 6 Dist

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Elk Neck — (County) Cecil

Date of death 1904	Month	Day	Years	Months	Days
	Mar	5	Age 5	8	7

Sex: Male — Color or Race: Colored — Birthplace: Essex Co Va

Occupation: Farmer — Where Residing if not at place of death: Home

Married, ~~Single~~ or Widowed — Name of Wife or ~~Husband~~: Mollie Norman

Father's Name: George Henry Norman — Father's Birthplace: Essex Co Va

Mother's Maiden Name: Not Known — Mother's Birthplace: " "

Name of person giving information: Mollie Norman — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 3 weeks

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B P Dennison

Address: North East

~~Accident or Suicide?~~

LIBRARY BUREAU A38816

Name in Full: Joseph E. Passon

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Near | Town: Lombard | County: Cecil

Date of death	Month	Day	Age: Years	Months	Days
1904	3	17	49	5	

Sex: Male | Color or Race: White | Birthplace: Near Cabers Md

Occupation: Laborer | Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~ | Name of ~~Wife or Husband~~:

Father's Name: Joseph Passon | Father's Birthplace: Near Chrome Md

Mother's Maiden Name: Catharine Morrison | Mother's Birthplace: Near Sykesville Md

Name of person giving information: Matilda Hess | How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis | How long: About 3 years

Immediate: do | do | How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. H. Richardson

Address: Colora Md

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: Bertha Prentiss

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chesapeake City — County: Cecil

Date of death 1904: Month: March — Day: 26 — Age: Years: 18 — Months: 4 — Days: 8

Sex: female — Color or Race: white — Birthplace: Chesapeake City

Married, Single or Widowed: married — Occupation: Housewife

Name of Wife or Husband: John V. Prentiss

Father's Name: Stuyler Bouchelle — Father's Birthplace: St Augustine

Mother's Maiden Name: Annie Hudson — Mother's Birthplace: Chesapeake City

Name of person giving In formation: John V. Prentiss — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pelvic Abscess — How long: 7 mo.

Immediate: Tuberculosis of Lungs (Exhaustion) — How long: 2 mos

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. Antrim Mitchell M.D.

Address: Elkton Md

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: Perry J Price

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: cecilton — County: Cecil

Date of death: Month: 3 — Day: 23 — Years: 32 — Months — Days

Age

Sex: male — Color or Race: african — Birthplace: Cecil Co

Occupation: Farm Laborer — Where Residing if not at place of death: Cecilton

Married, Single or Widowed: widower — Name or Wife or Husband: annie warfield

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Perry Price — Father's Birthplace: Cecil Co

Mother's Maiden Name: Rebecca Butcher — Mother's Birthplace: Cecil Co

Name of person giving Information: Wesley J Turner — How related to deceased: no Relations

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 18 months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. N. Crawford MD

Address: Cecilton md

Accident or Suicide?

LIBRARY BUREAU A46516

Name in Full: Ruth Pryor — D Dick

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elk Neck — County: Cecil

Date of death 1904: Month: March — Day: 19 — Age: Years: 86 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Elk Neck

Married, Single or Widowed — Occupation: none

Name of Wife or Husband

Father's Name: Thomas Gray — Father's Birthplace: not Known

Mother's Maiden Name: not Known — Mother's Birthplace: " "

Name of person giving information: Kate V Hortha — How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility — How long

Immediate — How long: One Year

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B Bruckmeyer

Address: North East Md

Accident, Suicide or Homicide

LIBRARY BUREAU A88316

Name in Full: Mary Rasin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Earleville — County: Cecil

Date of death 1904	Month	Day	Years	Months	Days
	3	28	Age 45	x	-

Sex: Female — Color or Race: Negro — Birthplace: Kent Co.

Occupation: Servant — Where Residing if not at place of death: /

Married, Single or Widowed: Married — Name of Wife or Husband: Alfred Rasin

Father's Name: Not Known — Father's Birthplace: Not Known

Mother's Maiden Name: " " — Mother's Birthplace: "

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Name of person giving information: Charles Carroll — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrage — How long: 7 Hours

Immediate: — How long: "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E H Crawford

Address: Earleville Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Rachel R Reed

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: New Ellicott — County: Howard

Date of death: 1904 — Month: 3 — Day: 1 — Age — Years: 58 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death: At home

Married, Single or Widowed: Married — Name of ~~Wife~~ or Husband: Thos Reed

Father's Name: Elisha Harris — Father's Birthplace: Md

Mother's Maiden Name: Nellie Porter — Mother's Birthplace: Md

Name of person giving information: Samuel Reed — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs — How long: 4 yrs

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Arthur Mitchell M.D.

Address: Ellicott Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: William Reed

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Elkton; County: Cecil

Date of death: Month: May; Day: 5; Year: 1904

Age: Years: 68?; Months; Days

Sex: Male

Color or Race: Col.

Birthplace

Occupation: Farm Land

Where Residing if not at place of death: Elk Neck (Cecil Co Md)

Married, Single or Widowed: Married

Name of Wife or Husband: Susan Reed

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information: Olivia Reed (Son)

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Heart disease — How long

Immediate: Heart Failure — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm D. Crowley

Address: Elkton

Accident or Suicide?

Md

LIBRARY BUREAU A8051G

Died suddenly on train to
Elkton - Home in Elk Neck -
Howard Bratton. H. O -

Name in Full: Hester Ruly

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Leeds — County: Leeds

Date of death: Month: 3 — Day: 7 — 1904

Age — Years: 73 — Months: — Days: —

Sex: Female — Color or Race: Black — Birthplace: Baltimore County

Occupation: House woman — Where Residing if not at place of death: Leeds

Married, Single or Widowed — Name of Wife or Husband: Henry Ruly

Father's Name: Dont-Know — Father's Birthplace: —

Mother's Maiden Name: Dont-Know — Mother's Birthplace: —

Name of person giving Information: J. W Turner — How related to deceased: Son in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: One week

Immediate: Heart-failure — How long: 3 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. M. Crawford

Address: Leeds Md

Accident or Suicide?

LIBRARY BUREAU A60316

Name in Full: Anne Seth 3rd dist

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bank — County: Cecil

Date of death 1903: Month: Mch — Day: 3 — Age: Years: 49 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Pa

Occupation: House work — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name or Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Seth Queens Co — Father's Birthplace: MD

Mother's Maiden Name: Rebecca Hyzer Chester Co — Mother's Birthplace: Pa

Name of person giving information: John Seth 90 — How related to deceased: Bro

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long:

Immediate: " — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: Bunker Hill Md.

Accident or Suicide:

LIBRARY BUREAU R0S515

Name if not Filled in

Jacob B Slicer

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Near Colora (County) Cecil

Date of death: 1904 March 6th

Age: 79 Years 9 Months 6 Days

Sex: Male

Color or Race: White

Birthplace: Cecil Co Md

Married, Single or Widowed: Widower

Occupation: Farmer

Name of Wife or Husband

Father's Name: Thomas J Slicer

Father's Birthplace: Cecil Co Md

Mother's Maiden Name: Deborah J Kirk

Mother's Birthplace: " "

Name of person giving information: Wm J Slicer

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Lobar Pneumonia

How long: 7 days

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ernest Rowland

Address: Liberty Grove Md

Accident or Suicide?

Dr E.T. Rowland (Coroner) Md

LIBRARY BUREAU A88516

Name in Full: Margaret Gallaher Steele

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cowantown — County: Cecil

Date of death 190 4 — Month: March — Day: 4 — Age: Years 82 — Months: 11 — Days: 4

Sex: Female — Color or Race: White — Birthplace: Hopewell, Pa.

Occupation: Housewife — Where Residing if not at place of death: Cowantown

Married, Single or Widowed: Widow — Name of ~~Wife or~~ Husband: Joseph Steele

Father's Name: Robert Gallaher — Father's Birthplace: Ireland

Mother's Maiden Name: Sally Evans — Mother's Birthplace: Conantown

Name of person giving information: George A. Steele — How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Breast — How long: 18 mos.

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Howard Bratton

Address: Elkton Md

~~Accident or Suicide~~?

LIBRARY BUREAU A63816

Name in Full: Jacob Dodd

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Port Deposit — County: Cecil

Date of death 1904 — Month: March — Day: 15

Age — Years: 64 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Columbia, Pa.

Married, Single or Widowed: Married — Occupation: Carpenter

Name of Wife or Husband: Francyna Dodd

Father's Name: Thomas Dodd (dead) — Father's Birthplace: —

Mother's Maiden Name: Susan Leighkiser (") — Mother's Birthplace: —

Name of person giving information: Charles Pinkhart 164 — How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion — How long: 24 hours

Immediate: Heart Failure — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. H. Fricke

Address: Port Deposit, Md.

Accident or Suicide?

LIBRARY BUREAU A99319

Name in Full: Mary Jane Trimble 9th dis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Bay View — County: Cecil

Date of death 1904: Month: March — Day: 22 — Age: Years: 86 — Months: 1 — Days: 12

Sex: Female — Color or Race: White — Birthplace: Wilmington, Del

Occupation: — Where Residing if not at place of death: Near Bay View Md

Married, Single or Widowed: Widow — Name of Wife or Husband: Robert Trimble

Father's Name: William Murray — Father's Birthplace: Ireland

Mother's Maiden Name: Jane Crow — Mother's Birthplace: do

Name of person giving Information: Mrs Harry Trimble — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D Hunsicker

Address: Norris City

Accident or Suicide?

LIBRARY BUREAU A33616

Name in Full: Veal

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Chesapeake City — (County) Cecil

Date of death 1904 — Month: 3 — Day: 9 — Age: Years: — Months: — Days: 2

Sex: male — Color or Race: Black — Birthplace: Chesapeake City

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Henry Veal — Father's Birthplace: Georgia

Mother's Maiden Name: Fanny Wallace 179 — Mother's Birthplace: Md

Name of person giving In formation: Henry Veal — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Unknown m — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm B. Coleman

Address: Undertaker. Chesapeake City

Accident or Suicide?

LIBRARY BUREAU A33518

Name in Full: mary ward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Earlville — County: Cecil

Date of death: Month: 3 — Day: 7 — 1904

Age: Years: 57 — Months — Days

Sex: Female — Color or Race: African — Birthplace: Cecil Co

Occupation: Laborer — Where Residing if not at place of death: near Earlville

Married, Single or Widowed: married — Name of Wife or Husband: wm ward

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Richard Boyer — Father's Birthplace: Kent Co Md

Mother's Maiden Name: Hannah N Biddle — Mother's Birthplace: Baltimore Co Md

Name of person giving Information: wm ward — How related to deceased: Husband

CAUSES OF DEATH

Primary: Valvular disease of Heart — How long: 24 months

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. N. Crawford

Address: Leiditon Md

Accident or Suicide?

LIBRARY BUREAU A6881S

CERTIFICATE OF DEATH

MARYLAND

Name in Full: James S Whitaker 3 dist

Died at — Town: Cherry Hill — County: Cecil

Date of death: Month: Mch — Day: 12 — 1904 — Age: Years: 54 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Pa

Occupation: Physician — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife ~~Husband~~: Clara E. Engle

Father's Name: James Whitaker — Father's Birthplace: Pa

Mother's Maiden Name: A M Jones — Mother's Birthplace: Md

Name of person giving information: Clara Whitaker — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism & Heart Disease — How long: Several years

Immediate: Cardiac Dilatation — How long: Few days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Howard Bratton

Address: Elkton, Md

Accident or Suicide?

LIBRARY BUREAU A88616

bb

Name in Full: John Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rowlandsville — County: Cecil

Date of death 1904: Month: 3 — Day: 12 — Age: Years: 88 — Months: 2 — Days: 21

Sex: Male — Color or Race: White — Birthplace: Cecil Co

Married, Single or Widowed: Widower — Occupation: Farmer

Name of Wife or Husband: —

Father's Name: John Williams — Father's Birthplace: Cecil Co

Mother's Maiden Name: Rebecca A Williams — Mother's Birthplace: " "

Name of person giving information: Geo W Williams — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

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Primary: Old age — How long: —

Immediate: Debility — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J F Brown MD

Address:

Accident or Suicide?

LIBRARY BUREAU A68518

Name in Full: Susan Gamble Wilson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Elk Neck; County: Cecil

Date of death 1904: Month: March; Day: 4.

Age: Years: 24; Months: 2; Days: 26

Sex: Female

Color or Race: White

Birthplace: Warwick, Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Harry Layfield Wilson

Father's Name: Amos Wilson

Father's Birthplace: Hockessin, Del.

Mother's Maiden Name: Josephine Gillespie

Mother's Birthplace: Near Port Deposit Md

Name of person giving information: Ella G. Aiken

How related to deceased: Sister

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Child birth H.B. 14.0 -

How long: 8 days

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B Saunders

Address:

[redacted]

LIBRARY BUREAU A88016